



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
BARBER AND BEAUTY SHOPS, SCHOOLS,
AND THE PRACTICE OF BARBERING AND COSMETOLOGY
INSPECTION REPORT**

INSPECTION		GRADE	INSPECTION DATE		ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	O	10/9/2020		Lucky Nails
Follow-Up	<input type="checkbox"/>		TIME IN	TIME OUT	OWNER/OPERATOR
Complaint	<input type="checkbox"/>		8:00AM	9:00AM	Lucky Nails
Investigation	<input type="checkbox"/>	A	SANITARY PERMIT NO.		LOCATION
Other	<input type="checkbox"/>		200701324		LOT 5022-1 UNIT 202 HARMON LUMP PLAZA
	<input type="checkbox"/>				ESTABLISHMENT TYPE BEAUTY SALON

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

ITEM NO.*	REMARKS	DEMERIT	CORRECT BY DATE
	A regular inspection was conducted today.		
	Violations were observed on the following items:		
<input type="checkbox"/> 1	No employee allowed to work or patrons to be served having or suspected of having communicable disease	6	
<input type="checkbox"/> 2	No patron is to be served when inflicted with contagious skin disease without doctor's certificate	6	
<input type="checkbox"/> 3	Patrons infested with head lice not served	6	
<input type="checkbox"/> 7	Cleaning of ears, warts, moles, pimples, ingrown hair removal: Prohibited	6	
<input checked="" type="checkbox"/> 8	Use of common neck dusters, hair brushes made of wood and bristle, shaving brushes, powder puffs, sponges, astringent in lump or styptic pencil prohibited	6	CDC
<input type="checkbox"/> 17	Instruments, equipment, and utensils: Cleaned, sanitized, stored. Combs and brushes not in use exposed to fumes of formaldehyde	6	
<input type="checkbox"/> 22	Adequate; approved source	6	
<input type="checkbox"/> 24	Cross-connection, back-siphonage, back-flow	6	
<input type="checkbox"/> 31	Sewage and wastewater disposed in approved facility	6	
<input type="checkbox"/> 43	Sanitary Permit, Health Certificates, valid	6	
<input type="checkbox"/> 45	Construction Permit obtained, extension, remodeling, reconstruction approved	6	
<input type="checkbox"/>	No violations observed		
	Observation/Findings: <input type="checkbox"/> None		
	REMOVED OLD A PLACARD, NUMBER WAS FADED AND ILLEGIBLE.		
	Posted "A" Placard No. 03327		
	Discussed this report with person-in-charge.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within

ten (10) days of this inspection:

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45)

RECEIVED BY (Name & Title)

LUAN T. NGUYEN PARTNER

DEH INSPECTOR (Name & Title)

T. SHIMIZU EPHI



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIATCOMPLIANCE CHECKLIST FOR COSMETIC ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, AND
DPHSS GUIDANCE MEMO 2020-07Name of Establishment: LUCKY NAILS Company Name: LUCKY NAILSLocation: LOT B022-1 UNIT 202 HARMON LOOP PLAZA ROUTE 16 HARMON

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening		Yes	<input checked="" type="radio"/> No
2	Operates at no more than the authorized occupancy rate		Yes	<input checked="" type="radio"/> No
3	Screens clients before entering the facility		Yes	<input checked="" type="radio"/> No
4	Posts signage in common areas emphasizing social distancing, handwashing, mask, and other protective equipment		Yes	<input checked="" type="radio"/> No
5	Social distancing of at least 6 feet are met and maintained		<input checked="" type="radio"/> Yes	No
6	Minimizes contact between individuals by installing physical barrier at reception		<input checked="" type="radio"/> Yes	No
7	Mask is worn at all times by employees and customers		<input checked="" type="radio"/> Yes	NO
8	Prohibits the use of waiting area; develops a system to have clients wait outside or in their vehicle		<input checked="" type="radio"/> Yes	No
9	Removed unnecessary items such as magazines, newspaper and any other unnecessary paper products/decor	will remove & waiting area noticed.	YES	<input checked="" type="radio"/> NO
10	Provides plastic coverings or disposable paper cover/sheet on vinyl tabletops or headrests	CHAIRS ARE DISINFECTED AFTER	Yes	<input checked="" type="radio"/> No
11	Routinely cleans and disinfects surfaces, equipment, and tools in between clients		<input checked="" type="radio"/> Yes	No
12	Frequently disinfect highly-touched surfaces including credit card terminals, counters, door handles, light switches, phones, etc.		<input checked="" type="radio"/> YES	NO
13	Soiled linens are placed in a sealed bag or closed container until properly washed		<input checked="" type="radio"/> Yes	No
14	Toilet facilities, hand wash sinks, and shampoo bowls are thoroughly cleaned		<input checked="" type="radio"/> Yes	No
15	Uses approved cleaning products and according to the directions on the label		<input checked="" type="radio"/> Yes	No
	Employee Health			
16	Screens employees and patrons before entering the facility		<input checked="" type="radio"/> Yes	No
17	Provides and maintains PPE for employees to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	No
18	Stagger shifts, breaks, and meals whenever possible		<input checked="" type="radio"/> Yes	No
19	Conducts training for employees on enhanced disinfection and proper PPE base on CDC guidelines		<input checked="" type="radio"/> Yes	No

RECEIVED BY (Name and Title)	DATE
<u>LUAN T. NGUYEN</u>	<u>10-9-2020</u>
DEH INSPECTOR (Name and Title)	DATE
<u>TAMERA SHIMIZU, EPHO</u> / <u>JEFFREY PINAULA PCIV</u>	<u>10/09/2020</u>



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) LUCKY NAILS		ADDRESS: Lot #, street name, house/apt. #, building name: LOT 5022-1 UNIT 202 HARMON LOOP PLAZA ROUTE 16
INSPECTION/INVESTIGATION DATE: 10/9/2020	COMPLAINT #: —	MUNICIPALITY/VILLAGE; SUBDIVISION: HARMON

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	6. Failed to properly maintain the required occupant load of 30 25% .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07				
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input type="checkbox"/> None written NO plan in place & operating over occupancy rate. (4 people present)			

YOU ARE HEREBY GIVEN 1 DAYS 0 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE)

RECEIVED BY (Print & Sign):

LUAN T. NGUYEN 10-9-2020

DEH INSPECTOR (Print & Sign):

TAMERA SHIMIZU, EPHO / JEFFREY PINAULA, PCIV